

AURORA HOUSE

Telephone 703.237.6622

420 SOUTH MAPLE AVENUE, FALLS CHURCH, VA 22046

FAX 703.237.6624

CONFIDENTIAL APPLICATION FOR VOLUNTEERS

IDENTIFYING INFORMATION (please print)	
NAME	DATE OF BIRTH
STREET ADDRESS	SOCIAL SECURITY #
	DRIVER'S LICENSE #
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER
EMPLOYMENT INFORMATION	
CURRENT EMPLOYER	OCCUPATION
STREET ADDRESS	
EDUCATION	
HIGHEST LEVEL OF EDUCATION COMPLETED <input type="checkbox"/> High School <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Graduate	

Please check the area(s) you would like to volunteer at Aurora House.

- | | | |
|--|--|--|
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> House Maintenance | <input type="checkbox"/> Clerical |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Recreational | <input type="checkbox"/> Arts & Crafts |
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Other _____ | |

Please describe any special skills, training, interests, or hobbies that you feel would be helpful in your volunteering at Aurora house. _____

If you have preferred days and hours you would like to volunteer at Aurora House, please indicate below. _____

Previous or present volunteer positions: _____

Please list the names and addresses of four persons who can provide personal references and who have known you for at least two years. **INCLUDE EMPLOYER.** Please do not use relatives. Reference questionnaires will be sent to each person listed. Before final approval is determined, we must have each and every reference respond. This is very important so please include complete addresses with zip code. A daytime telephone number would be helpful too.

NAME	YEARS KNOWN
COMPLETE ADDRESS	
RELATIONSHIP TO YOU	DAYTIME TELEPHONE NUMBER

NAME	YEARS KNOWN
COMPLETE ADDRESS	
RELATIONSHIP TO YOU	DAYTIME TELEPHONE NUMBER

NAME	YEARS KNOWN
COMPLETE ADDRESS	
RELATIONSHIP TO YOU	DAYTIME TELEPHONE NUMBER

NAME	YEARS KNOWN
COMPLETE ADDRESS	
RELATIONSHIP TO YOU	DAYTIME TELEPHONE NUMBER

THE UNDERSIGNED ACKNOWLEDGES AND AGREES THAT:

1. he/she is not obligated if called upon to perform the volunteer services herein applied for, and that Aurora House is not obligated to assign or actively seek to assign him/her to an adolescent.
2. that as a part of Aurora House's volunteer approval process, a background check, fingerprint cards, and Child Protective Services check will be completed and if needed we may ask for additional personal information from the applicant; and
3. the Aurora House Director reserves the right at all times to terminate any match between any Volunteer and Client for whatever cause.

I hereby affirm that the information given is true and accurate to the best of my knowledge and belief and that I have not withheld any facts or circumstances that would, if disclosed, affect my application unfavorably.

Signature: _____ Date: _____